

Michigan Health Maintenance  
Organization Plans, Inc. (in Liquidation)  
Formerly OmniCare Health Plan in Rehabilitation

**MICHIGAN HEALTH MAINTENANCE ORGANIZATION PLANS, INC.**  
**(in Liquidation)**  
**(FORMERLY OMNICARE HEALTH PLAN IN REHABILITATION)**

**Liquidation Process**  
**Frequently Asked Questions**  
**or visit our website: [www.ochp.com](http://www.ochp.com)**

For details as to the filing of the “Proof of Claim”, please see the enclosed “Proof of Claim” Filing Instructions and the “Proof of Claim” form.

The following information will help you understand what a liquidation is, related terminology and general answers to frequently asked questions. This is for informational purposes and to be used to complete the “Proof of Claim” form.

**What is a “Proof of Claim” Form?** The “Proof of Claim” form is the legal document with supporting information through which you formally present your claim for amounts you believed are owed to you from the liquidating estate.

**This form must be completed and signed in order for you to be eligible to receive a distribution from the liquidation estate.** Please answer each question to the best of your ability. If you have questions regarding completion of “Proof of Claim” form, please contact Michigan HMO Plan for direction before submitting the “Proof of Claim”. Contact information is provided on the “Proof of Claim” filing instructions. You **must** submit your claims using the “Proof of Claim” form. You may make a photocopy of the form or download the form by going to [www.ochp.com](http://www.ochp.com).

Sections 8135 and 8136 of the Michigan Insurance Code, MCL 500.8135 and 500.8136, govern the “Proof of Claim” process.

**Who Should Sign the Form?**

The claimant must sign the “Proof of Claim” form where indicated. If the Claimant is a minor, a legal guardian should sign the claim. If the “Proof of Claim” form is filed by a corporation or business, the title or position of the duly

authorize person signing should be included. **Knowingly presenting a false claim may result in the imposition of criminal penalties.**

**Who is the Claimant?**

A claimant may be a member, dependent or spouse of a member, who was enrolled with OmniCare for medical coverage prior to October 1, 2004. A claimant is also any provider of medical services that prior to October 1, 2004 treated an OmniCare member. Other examples of potential claimants may include trade vendors, governmental agencies, surplus note holders and federal government claims.

If you are in doubt as to your status as a Claimant, you should file a 'Proof of Claim' form or your rights to a distribution in the liquidation estate will be waived. Please provide an address including the street name, phone number, tax identification or social security number and OmniCare provider identification number (if applicable). Should you move, you must mail your notification of address change to the Michigan HMO Plan. Please include your OmniCare member identification and/or OmniCare employer group number or provider number on all correspondence.

**Are Sanctioned Providers Eligible?** Sanctioned providers are not eligible claimants.

**Who is the Member?**

The member is the employee or individual to whom the health care policy or certificate was issued.

**What is Represented in the Claims Report? (This applies to Providers ONLY)**

For your convenience, a detailed confirmation of claims that have been entered and adjudicated in the old OmniCare claims system will be sent to each known provider creditor by summary report on or before January 1, 2005. This report will detail all claims residing in the system in an "Approved" or "Rejected" status. It is requested that you review and validate the liability to your accounting records and if you agree, complete and sign a "Proof of Claim" form, with the summary report as your documentation and submit to Michigan HMO Plans, (formerly Omnicare in Rehabilitation). To date the Plan has not communicated its final determination on these claims to provider creditors. It

is not necessary to resubmit individual hard copy claims that appear on the summary report. If there are claims that you believe you are owed that do not appear on the report, you must submit these additional claims with a "Proof of Claim" form and the necessary documentation, no later than the March 31, 2005 filing date. There is an opportunity to substantiate "rejected" claims through the appeals process as outlined in Paragraph 7B. of the enclosed "Proof of Claims" instructions.

**What Do I File With the Claim?**

You should attach all supporting evidence of your claim to the "Proof of Claim" Form. The following are examples for different types of claims:

Member Claims: Itemized invoices/evidence of payment

Healthcare Providers Claims: Itemized invoices in a UB 92 or CMS 1500 (HCFA 1500) format and OmniCare summary claim report, if provided to you.

All Other Types of Claims: Unpaid itemized invoices, judgments or description and documentation of loss.

**Is it too late to submit Third Party Liability Insurance Coverage Information with "Proof of Claim" Form.**

If you are aware that a member has other insurance, it is not too late to advise Michigan HMO Plan (formerly Omnicare in Rehabilitation). It is expected that providers will continue to notify the Plan of any information to facilitate proper administration of claims in accordance with CMS guidelines.

**When and Where to File?**

Anytime prior to Midnight, March 31, 2005, which is the claims filing deadline ("Bar Date"). Please mail the completed and signed "Proof of Claim" form and all supporting documentation to:

**Michigan Health Maintenance Organization Plans  
P.O. Box 07307  
Detroit, MI 48307-7309**

**To send by overnight mail, visit our website [www.ochp.com](http://www.ochp.com) for instructions.**

**Faxed and e-mail copies of the completed Proof of Claim Form” are Not Acceptable.**

**What Happens Next?**

Your claim will be processed as quickly as possible. The Liquidator will review the claim and make a determination of the claim. At a future date, the Liquidator will make a recommendation to the Court whether your claim should be paid and the amount. You will be notified when the Liquidator has reached a determination of your claim.

**Questions?**

If you have any questions, please contact the Michigan HMO Plan 1-888-640-9855. You may obtain additional “Proof of Claim” Forms by requesting additional copies at the above address, by phone or by downloading the form via the internet by visiting [www.ochp.com](http://www.ochp.com). You may also make copies of the original “Proof of Claim” form if you need to submit more than one claim. When you call, please be prepared to provide your name or the name of the provider you are representing.